



Print name		Organization	
Address		City	State Zip
Signature		Telephone ( <i>include area code</i> )	
<b>Information sought/requested</b>          			
<input type="checkbox"/> I authorize charges up to \$20.00.			
<input type="checkbox"/> Notify of all charges before copying.			

<b>For office use only. (This section to be completed by staff.)</b>			
Received by		<input type="checkbox"/> Mail <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> In person	Date
<b>Date information due</b> (5 work day limitation)		<b>Extra time required?</b> <input type="checkbox"/> Yes (max 7 work days) <input type="checkbox"/> No	
<b>Is information requested excluded by Code?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state reason and applicable code section.			
<b>Comments</b>			
Signed by		Title	Date